
Program Memorandum

Carriers

Department of Health and
Human Services (DHHS)
HEALTH CARE FINANCING
ADMINISTRATION (HCFA)

Transmittal B-00-75

Date: DECEMBER 21, 2000

CHANGE REQUEST 1470

SUBJECT: Emergency Changes to the 2001 Medicare Physician Fee Schedule Database

The Division of Practitioner and Ambulatory Care has identified several inconsistencies, described below, in the 2001 Medicare Physician Fee Schedule Database (MPFSDB). HCFA will make a replacement file available by December 18, 2000 for installation by January 01, 2001 for the changes identified below. The filename associated with these emergency changes to the 2001 MPFSDB is MU10.@BF12390.MFS2001.EMERG1.C00000.V1218.

Changes to be made on an emergency basis are as follows:

A0030	Procedure Status = I
A0040	Procedure Status = I
A0050	Procedure Status = I
A0225	Procedure Status = D
A0300	Procedure Status = I
A0302	Procedure Status = I
A0304	Procedure Status = I
A0306	Procedure Status = I
A0308	Procedure Status = I
A0310	Procedure Status = I
A0320	Procedure Status = I
A0322	Procedure Status = I
A0324	Procedure Status = I
A0326	Procedure Status = I
A0328	Procedure Status = I
A0330	Procedure Status = I

A0340	Procedure Status = I
A0342	Procedure Status = I
A0344	Procedure Status = I
A0346	Procedure Status = I
A0348	Procedure Status = I
A0350	Procedure Status = I
A0360	Procedure Status = I
A0362	Procedure Status = I
A0364	Procedure Status = I
A0366	Procedure Status = I
A0368	Procedure Status = I
A0370	Procedure Status = I
A0380	Procedure Status = X
A0390	Procedure Status = X
G0195	Procedure Status = A WRVU = 1.50 Transition Facility PE = 0.86 Facility PE = 0.77 Transition Non-Facility PE = 1.64 Non-Facility PE = 1.81 Malpractice RVU = 0.07
G0196	Procedure Status = A WRVU = 1.50 Transition Facility PE = 0.86 Facility PE = 0.77 Transition Non-Facility PE = 1.64 Non-Facility PE = 1.81 Malpractice RVU = 0.07
Q0186	Procedure Status = I
52352	Bilateral Surgery Indicator = 1
52355	Bilateral Surgery Indicator = 1
52355	Assistant Surgery Indicator = 1
59150	WRVU = 11.20 Transition Non-Facility PE = 5.79 Non-Facility PE = 6.08 Transition Facility PE = 5.79 Facility PE = 6.08

59151	WRVU = 11.10 Transition Non-Facility PE = 6.53 Non-Facility PE = 5.59 Transition Facility PE = 6.53 Facility PE = 5.59
76012	Malpractice RVU = 0.23
76934	Proc Stat = D
76934 – 26	Proc Stat = D
76934 – TC	Proc Stat = D
76938	Proc Stat = D
76938 – 26	Proc Stat = D
76938 – TC	Proc Stat = D
76960	Proc Stat = D
76960 – 26	Proc Stat = D
76960 – TC	Proc Stat = D
87145	Proc Stat = D
87208	Proc Stat = D
92525	Proc Stat = G
92597	Proc Stat = G
92598	Proc Stat = G
99375	Proc Stat = G
99378	Proc Stat = G
93662	PC/TC Indicator = 2
93662 – 26	Proc Stat = H
93662 – TC	Proc Stat = H
99234	WRVU = 2.56 Transition Facility PE RVU = 0.88 Facility PE RVU = 0.92 Transition Non-Facility PE RVU = 0.88 Non-Facility PE RVU = 0.92
99235	WRVU = 3.42 Transition Facility PE RVU = 1.19 Facility PE RVU = 1.20 Transition Non-Facility PE RVU = 1.19 Non-Facility PE RVU = 1.20
99236	WRVU = 4.27 Transition Facility PE RVU = 1.41 Facility PE RVU = 1.46 Transition Non-Facility PE RVU = 1.41 Non-Facility PE RVU = 1.46

The following issues are for informational purposes only. No systems modifications are required.

CPT Modifier -60 (Altered Surgical Field)

In 2001, CPT added the -60 modifier for "Altered Surgical Field." We believe modifier -60 was added because surgeons wanted to clarify the factors that should be considered to justify the use of the modifier -22 (unusual procedural services), and to remove the discretion of the payers about whether a procedure was indeed "unusual." The instruction for the -60 modifier is that it be used on procedures which "involve significantly increased operative complexity and/or time in a significantly altered surgical field resulting from the effects of prior surgery, market scarring, adhesions, inflammation or distorted anatomy..." An example cited in the modifier explanation is that surgery in an any infant less than 10 kg (22 pounds) would qualify for the use of the -60 modifier.

HCFA believes that recognition of the -60 modifier will result in its routine use with a variety of procedures that are typically performed in infants (and already valued as being performed in an individual less than 10 kg). The instructions for the use of the -60 modifier would also add it to procedures such as 27134-8, revisions of total hip arthroplasty. Again the value of the additional work is reflected in these codes. We also believe that verification of the status of an "altered surgical field" will be difficult for our contractors. Manual review of these claims, which are likely to be more frequent than claims carrying the current -22 modifier, is likely to consume considerable contractor medical review effort with objective verification of the "altered surgical field" difficult or impossible. We believe that the -22 modifier, which requires documentation that the procedure was unusual, is sufficient to allow carriers to adjust the compensation of physician when the service is beyond the expected variation in work of a procedure. For these reasons, we request that physicians continue to utilize the -22 modifier to indicate that the circumstances encountered in the procedure were unusual.

(Informational Purposes Only)

G0179 Short Descriptor: MD recertification HHA patient
(Informational Purposes Only)

G0184 Short Descriptor: Ocular photodynamic tx, 2nd eye
(Informational Purposes Only)

The effective date of this Program Memorandum (PM) is January 1, 2001.

The implementation date of this PM is January 1, 2001.

These instructions should be implemented within your current operating budget.

This PM may be discarded after January 1, 2002.

Contact person for this PM is Rick Ensor at (410) 786-5617.